



TOWN OF EAST HAMPTON

159 Pantigo Road
East Hampton, New York 11937
Office: (631)324-2417
Fax: (631)324-3085

John Rooney
Superintendent of Recreation

Clinics at Sportime Arena Starts November 30th (8 weeks)

- ☐ **Flag Football:**
Ages: 6-12 years old
When: Mondays, 5pm-6pm
- ☐ **Inline Skating Clinic:** Equipment Required: Bike helmet, wrist guards, elbow pads, knee pads and inline skates.
Ages: 4-9 years old
When: Tuesdays, 5pm-6pm
- ☐ **Roller Hockey Clinic:** Equipment Required: Bike helmet, wrist guards, elbow pads, knee pads and inline skates.
Ages: 6-12 year olds
When: Tuesdays, 6pm-7pm
- ☐ **Multi-Sport:**
Ages: 3-5 year olds
When: Wednesdays, 3:30pm-4:15pm
- ☐ **Soccer Clinic:**
Ages: 5-12 year olds
When: Saturdays 9:30am-11am
- ☐ **Baseball:**
Ages: 7-13 year olds
When: Saturday 11am-12pm
- ☐ **Lacrosse:**
Ages: 7-13 year olds
When: Thursdays 4pm-5pm
- ☐ **Flag Rugby:**
Ages: 7-9 year olds
When: Mondays 4pm-5pm
Ages: 10-12 year olds
When: Tuesdays 4pm-5pm

Register: @ Sportime, 320 Abrahams Path, Amagansett 11930 – 267-3460

Fee: \$125 per class ** Make checks payable to Sportime**

www.earthamptonny.gov

Town Of East Hampton

Waiver of Liability

PLEASE FILL IN ALL INFORMATION BELOW!!!!!!!

As parent/guardian for _____.
(name(s) of child/children enrolling)

I hereby grant permission for his/her participation in the "EAST HAMPTON Program" sponsored and administered by the TOWN OF EAST HAMPTON.

In doing so, I understand that physical activities such as these sometimes result in accidents despite the best efforts of the organizer to supervise the participants. I accept any medical bills resulting from such an accident as solely my responsibility.

Further, in permitting my child/children's participation, I agree to hold the TOWN OF EAST HAMPTON, its employees, volunteers assisting with the program as well as its elected and appointed officials, harmless from liability resulting from, my child/children's participation in the program.

VERY IMPORTANT TO WRITE & PRINT CLEARLY

Names of children:

Sex: ___ Male	Sex: ___ Male	Sex: ___ Male	Sex: ___ Male
___ Female	___ Female	___ Female	___ Female
Grade: _____	Grade: _____	Grade: _____	Grade: _____
Age: _____	Age: _____	Age: _____	Age: _____

Address: _____ **Program:** _____

Telephone #: _____ **Cell Phone #:** _____

Child's School: _____ **Parent's E-mail:** _____

Date: _____ **Parent/Guardian Signature:** _____

Parent/Guardian Name PRINTED: _____